

SERIAL NUMBER 08/952775

TO: OFFICE OF FINANCE
FROM: CRYSTAL PLAZA 2, LOBBY

PLEASE PROCESS THE FOLLOWING COLLECTIONS:

FEE CODE	AMOUNT	FEE CODE	AMOUNT
BASIC FEE		CLAIMS/MULTIPLE DEPENDENT	
<u>960</u>	<u> </u>	<u>964</u>	<u> </u>
<u>961</u>	<u> </u>	<u>965</u>	<u> </u>
<u>970</u>	<u>\$ 930</u>	<u>966</u>	<u> </u>
<u>971</u>	<u> </u>	<u>967</u>	<u> </u>
<u>958</u>	<u> </u>	<u>968</u>	<u> </u>
<u>959</u>	<u> </u>	<u>969</u>	<u> </u>
<u>956</u>	<u> </u>	LATE FEES/SURCHARGE	
<u>957</u>	<u> </u>	<u>154</u>	<u>\$ 130</u>
<u>962</u>	<u> </u>	<u>254</u>	<u> </u>
<u>963</u>	<u> </u>	<u>156</u>	<u> </u>
OTHER:		<u>581</u>	<u> </u>
<u>581</u>	<u> </u>		
<u> </u>	<u> </u>		
<u> </u>	<u> </u>		

THE ORIGINAL METHOD OF PAYMENT

 BY A CHECK \$ 1,060

 BY A CHARGE TO DEPOSIT ACCOUNT NO.

DO/EO FEE

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1997

Application or Docket Number

08 / 952775

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	13 minus 20 =	* 0
INDEPENDENT CLAIMS	1 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT 16		

SMALL ENTITY TYPE ☐

OR

OTHER THAN SMALL ENTITY

RATE	FEE
	395.00
x\$11=	
x41=	
+135=	
TOTAL	

OR

OR

OR

OR

OR

RATE	FEE
	930.00
x\$22=	290.00
x\$22=	—
x82=	—
+270=	—
TOTAL	930.00

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 17	Minus	** 20	=
	Independent	* 1	Minus	*** 3	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL	
ADDIT. FEE	

OR

OR

OR

OR

OR

RATE	ADDITIONAL FEE
x\$22=	
x82=	
+270=	
TOTAL	
ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 16	Minus	** 20	=
	Independent	* 1	Minus	*** 3	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL	
ADDIT. FEE	

OR

OR

OR

OR

OR

RATE	ADDITIONAL FEE
x\$22=	
x82=	
+270=	
TOTAL	
ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL	
ADDIT. FEE	

OR

OR

OR

OR

OR

RATE	ADDITIONAL FEE
x\$22=	
x82=	
+270=	
TOTAL	
ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.